

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE

| | |
|--|-----------------|
| Service of the Summons and complaint was made by me ⁽¹⁾ | DATE 8-10-05 |
| NAME OF SERVER (PRINT) | TITLE |

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____

☒ Other (specify): certified mail # 7004 0750 0002 6494 7571
mailed 8-4-05 delivered by A. Ingram 8-10-05

STATEMENT OF SERVICE FEES

| | | |
|--------|----------|-------|
| TRAVEL | SERVICES | TOTAL |
|--------|----------|-------|

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 8/26/05

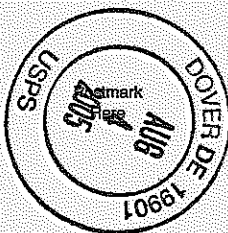
of Server

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

| | |
|--|---------|
| Postage | \$ 1.06 |
| Certified Fee | 230 |
| Return Receipt Fee (Endorsement Required) | 175 |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ 5.11 |



William Jaworski, LLC
 1274 S. Governors Ave.
 Dover, DE 19904

Server

THIS SECTION

and 3. Also complete delivery is desired. address on the reverse the card to you. back of the mailpiece, e permits.

COMPLETE THIS SECTION ON DELIVERY

| | |
|---|--|
| A. Signature <input checked="" type="checkbox"/> <u>A. Ingram</u> | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| B. Received by (Printed Name) <u>A. Ingram</u> | C. Date of Delivery |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |

Sent To
 The Honorable Norman Mineta / US Dept Trans
 Street, Apt. No.,
 or PO Box No. 400 7th St S.W.
 City, State, ZIP+4
 Washington DC 20590

PS Form 3800, June 2002

See Reverse for Instructions

The Honorable Norman Mineta
 US Dept of Transportation
 400 7th St, S.W.
 Washington, DC 20590

(1) As to who may serve a summons see Rule 4.

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7004 0750 0002 6494 7571